



# **EXHIBIT “A”**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>HARTFORD UNDERWRITERS INSURANCE CO 1 HARTFORD PLZ HARTFORD CT 06155</b></p>  <p>9590 9402 7888 2234 6756 31</p>		<p>B. Received by (Printed Name): _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7022 2410 0001 1300 3026</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

9206 0067 1000 0142 2202

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$4.40	0215 07
\$ 37.65	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery \$	\$0.00
<input type="checkbox"/> Adult Signature Required \$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$12.50	
Total Postage and Fees \$	
<p>Sent To <b>HARTFORD UNDERWRITERS INSURANCE CO</b></p> <p>Street and Apt. No., or PO Box No. <b>1 HARTFORD PLZ</b></p> <p>City, State, ZIP+4® <b>HARTFORD CT 06155</b></p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions

Postmark Here  
MAY 30 2024  
05/30/2024  
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